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MORBIDITY AND MORTALITY WEEKLY REPORT

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Acute Respiratory Illness Linked to Use of Aerosol Leather Conditioner — Oregon, December 1992

At 8 a.m. on December 27, 1992, the Oregon Poison Center (OPC) notified the Oregon Health Division (OHD) that 13 persons in one household became ill following the use of an aerosol leather conditioner and that this report was similar to two reports received on December 26 that also involved use of this product. A review of telephone logs identified similar calls on December 23 and 24, for a total of 29 persons in six households who reported illness associated with use of this spray. By midday on December 27, the product producer issued a voluntary nationwide recall of this product Following the public announcement of the recall, as of December 31, the number of preliminary reports to the OHD and the OPC of illness associated with use of this spray increased to 400 and involved approximately 550 persons. This report summarizes the preliminary findings of the ongoing investigation of this problem by the OHD.

Among persons who reported seeking medical attention, reported symptoms typically began within a few minutes to several hours after applying the conditioner to leather products. Manifestations of the illness most commonly reported included prolonged cough, shortness of breath, and pleuritic chest pain. Many persons also reported headache, malaise, chills, and fever as high as 104 F (40 C). At least three persons exhibited signs of pulmonary infiltrates based on radiographic examination; one person was admitted to a hospital with a diagnosis of adult respiratory distress syndrome. At least four other persons were admitted to hospitals for observation or treatment. For many persons, the symptoms appeared to resolve in less than 24 hours. Information on the age and sex of persons who reported symptoms was not immediately available.

From December 27 through December 31, following publicity and contact by the OHD, OPC, and CDC, poison control centers in at least 17 other states reported persons who experienced symptoms associated with this spray. CDC received reports from California, Colorado, Georgia, Idaho, Maine, Massachusetts, Minnesota, New Hampshire, New York, Ohio, Pennsylvania, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.

Following the prompt voluntary recall, by December 31, all cans of the leather conditioner were reported to have been removed from stores and distribution channels. The cans are not marked with specific lot identifiers. The OHD and CDC are conducting

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epidemiologic investigations to further define the association between illness and use of this product, and the specific cause for this problem. CDC is also working with the Consumer Product Safety Commission (CPSC) regarding the CPSC-administered Federal Hazardous Substances Act, which requires hazardous household products to bear appropriate cautionary labeling.

Reported by: MJ Smilkstein, MD, BT Burton, MD, Oregon Poison Center; W Keene, PhD, M Barnett, MS, K Hedberg, MD, D Fleming, MD, State Epidemiologist, Oregon Health Div, Dept of Human Resources. CM Jacobson, Consumer Product Safety Commission, Bethesda, Maryland. Air Pollution and Respiratory Health Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health; Div of Field Epidemiology, Epidemiology Program Office, CDC.

Editorial Note: Preliminary information indicates this outbreak is associated with the use of Wilsons Leather Protector, distributed nationally by Wilsons, the Leather Experts, headquartered in Minneapolis. Leather Protector is sold nationally at more than 550 stores owned by Wilsons; the stores are operated under several names. Typically, one or two applications of the protector are intended to be applied to new leather garments. This investigation suggests that in most households where persons developed symptoms, the product had been used indoors or in other areas with limited ventilation. The new product was distributed to Wilsons stores in late November 1992; however, stores did not begin to sell the new product until the old product supply was exhausted. Sales of the product in Oregon began after December 18.

The product is packaged in 5-ounce black aerosol cans with red and white lettering. The cans are a new formulation of Wilsons Leather Protector that had previously been sold in a 7-ounce can. The product is sold exclusively by Wilsons. The product changes involved the propellant (from carbon dioxide to propane), the solvent (from 1-1-1 trichloroethane to isooctane), and an active ingredient (from 1% FC-905 to 1.2% FC-3537 [which are both fluoroalkyl polymers in different solvents]).

The most commonly reported symptoms suggest an acute chemical pneumonitis (1) or a hypersensitivity pneumonitis (2). Some patients have had symptoms consistent with inhalation fevers such as polymer-fume fever (e.g., chest tightness, headache, shivering, fever, weakness, and shortness of breath). This syndrome is caused by inhalation of fumes containing pyrolytic products released when fluoropolymers are heated to high temperatures. In most cases, patients with polymer-fume fever have been cigarette smokers (3,4). However, it is also possible that an unknown contaminant in the leather spray may be causing this illness.

Consumers should be warned against using Wilsons Leather Protector. In addition, any spray containing polymers or solvents should be used only in areas where there is adequate ventilation.

A provisional case definition used by the OHD includes any two of three pulmonary symptoms (i.e., pleuritic chest pain, shortness of breath, and nonproductive cough), with the onset of at least one symptom within 6 hours after exposure to this spray and at least one symptom lasting 12 hours or more; or any pulmonary symptom with onset within 6 hours of exposure to the spray and pulmonary infiltrates on radiographic examination. CDC has requested that state health departments report to CDC cases that involved persons being hospitalized, using a standardized case report form available from CDC's Air Pollution and Respiratory Health Branch, Division of Environmental Hazards and Health Effects, National Center for Environmental Health,

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telephone (404) 488-7320. Further consumer information regarding this product is available from the CPSC Hotline, telephone (800) 638-2772.

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Air Pollution Information Activities at State and Local Agencies — United States, 1992

Because air pollution is a pervasive environmental health problem in the United States, one of the national health objectives for the year 2000 is to increase from 49.7% to 85.0% the proportion of persons who live in counties that have not exceeded any air quality standard during the previous 12 months (1). Public support for air pollution control efforts is critical if this national health objective is to be achieved. To characterize public health information activities related to air pollution, in 1992, the State and Territorial Air Pollution Program Administrators (STAPPA) and the Association of Local Air Pollution Control Officials (ALAPCO), with the assistance of CDC, conducted a survey of state and local air pollution control agencies. This report summarizes the findings of that survey.

In July 1992, a questionnaire was mailed to 225 state, territorial, and local air pollution control agencies. Agencies that did not respond were contacted by telephone. The questionnaire sought information on attainment of National Ambient Air Quality Standards, publication of an air quality index (e.g., the Pollutant Standards Index [PSI]*), issuance of forecasts or warnings, communication with outside health officials, distribution of educational materials, evaluation of health information, and air pollution issues of greatest concern to the community. Of the 55 STAPPA agencies, 48 (87%) responded to the questionnaire; of the 170 ALAPCO agencies, 149 (88%) responded (overall response rate: 88%). Together, responding agencies represented 49 states, the District of Columbia, and the Virgin Islands. No agency was represented more than once.

Of the 197 respondents, 134 (68%) represented jurisdictions that had exceeded one or more National Ambient Air Quality Standards during the preceding 3 years. State and local agencies that represented such areas were more likely to calculate the PSI—a summary air quality measure—than were other agencies (76% compared with 43%). Air quality information was more likely to be released to the media in areas that exceeded one or more of the ambient air quality standards (84% compared with 48%). Forecasts regarding air quality were issued by about half (48%) of the responding

^{*}The PSI converts the daily measured concentrations of five major pollutants (ozone, carbon monoxide, particulate matter, nitrogen dioxide, and sulfur dioxide) into a number on a scale of 0–500. The index value of 100 corresponds to the National Ambient Air Quality Standard for that pollutant. Intervals on the PSI scale are associated with descriptive terms (e.g., "good" [0–50], "moderate" [50–100], or "unhealthful" [100–200]).

Air Pollution Information — Continued

agencies but usually when conditions were predicted to exceed one or more federal standards.

One third (34%) of the responding agencies employed a health professional (e.g., physician, nurse, epidemiologist, or health educator). Agencies employing a health professional were more likely to communicate with physicians or health officials about the health risks of air pollution (79% compared with 49%).

Most agencies (86%) distributed educational materials or information about the health effects of air pollution to persons seeking such information. Methods included pamphlets, press releases, and educational materials for schools. Distributed materials were produced locally or by organizations such as the American Lung Association and the U.S. Environmental Protection Agency (EPA). Thirteen percent of the responding agencies indicated they had evaluated the effectiveness of their health information activities.

Respondents were asked to name a maximum of three air pollution issues they believed were of highest public concern in their communities; responses were not mutually exclusive. The most frequently cited concern was toxic air pollutants (air toxics [i.e., pollutants not regulated by the National Ambient Air Quality Standards] were listed by 81 agencies, and unspecified industrial emissions by 20 agencies). The second most commonly cited concern was ozone or urban smog (listed by 61 agencies). Automobile or mobile source emissions in general (a major contributor to urban smog) were listed by 44 agencies; carbon monoxide (a pollutant emitted mainly by automobiles) was specifically cited by 24 agencies. The third most commonly cited concern was particulate matter; 45 agencies listed particulates or visibility, and 17 listed dust. The combustion of materials was also cited by several agencies: open burning by 25, and waste incineration and woodsmoke by 22 each. Other concerns included odors (35 agencies), indoor air quality (14), and the economic impact of regulations (14).

Reported by: State and local air pollution control officials. SW Becker, State and Territorial Air Pollution Program Administrators/Association of Local Air Pollution Control Officials, Washington, DC. Air Pollution and Respiratory Health Br, Div of Environmental Hazards and Health Effects, National Center for Environmental Health, CDC.

Editorial Note: The National Ambient Air Quality Standards were developed to protect the public from the adverse health effects of air pollution, such as lung diseases (including asthma), cancer, eye irritation, and other disorders (1). The report *Healthy People 2000* underscored the need for educating the public about environmental risks and rational approaches for reducing those risks (1).

In October 1991, the EPA designated 98 metropolitan areas across the United States as not having attained standards for ozone (i.e., above the National Ambient Air Quality Standard). In addition, 76 areas were designated as nonattainment for carbon monoxide; 70, for particulate matter; 50, for sulfur dioxide; and 11, for lead (2). In 1991, more than 84 million persons in the United States lived in counties that exceeded at least one National Ambient Air Quality Standard (3).

Forecasts of expected air quality may be helpful to persons who should limit the time they spend outdoors. However, the findings in this report indicate that many agencies do not release the PSI or forecasts to the media, including some agencies in areas where a federal standard has been exceeded. The usefulness of the PSI or fore-

Air Pollution Information - Continued

cast also depends on whether local media disseminate the information on a regular basis.

Health education and risk communication are important activities for air pollution control agencies, whether they function outside or inside health agencies. The findings in this report indicate that state and local air pollution agencies have identified a variety of complex potential health hazards they consider to be of concern to the public. Although the PSI can be used to convey summary information about the short-term health risks of certain pollutants, additional education and information methods are needed to adequately address public concerns about these and other air quality issues, particularly chronic health effects.

The state health agency is the designated lead agency responsible for implementing the Clean Air Act in only 10 states: Colorado, Hawaii, Kansas, Montana, New Mexico, North Dakota, Oklahoma, South Carolina, Tennessee, and Utah (4). Many state and local air pollution agencies have no health professionals on staff and may lack the expertise to develop and implement effective public information programs regarding the health risks of air pollution. In 1988, the Institute of Medicine recommended that state and local health agencies strengthen their capacities for identifying, understanding, and controlling environmental problems as health hazards (5). The results of this survey suggest that some areas may improve public information on air pollution health risks by strengthening environmental health programs in state and local health departments and by improving coordination between health and environmental agencies.

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Deaths and Hospitalizations from Chronic Liver Disease and Cirrhosis — United States, 1980–1989

In 1989, chronic liver disease,* including cirrhosis, was the ninth most frequent cause of death in the United States (1). Periodic analysis of trends and factors related to preventable death and hospitalization for chronic liver disease may be used to target prevention and control programs. This report examines national trends in death and hospitalization rates and state-specific death rates for chronic liver disease using data from CDC's National Center for Health Statistics' multiple-cause-of-death file and the National Hospital Discharge Survey (NHDS).

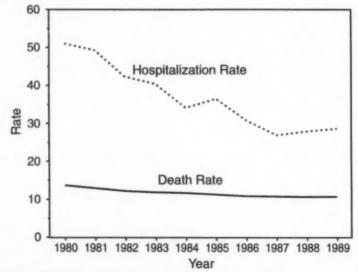
^{*}International Classification of Diseases, Ninth Revision, code 571.

Chronic Liver Disease - Continued

From 1980 through 1989, the age-adjusted death rate[†] for chronic liver disease decreased 23%, from 13.5 to 10.4 per 100,000 persons (Figure 1). During this period, rates for men were more than two times higher than for women, and rates for blacks were more than 50% higher than for whites.[§] Death rates for each of these groups declined steadily during this period.

In 1989, chronic liver disease was the underlying cause of death for 26,720 persons (Table 1) and a contributing cause of death for an additional 14,101 persons. Among deaths for which chronic liver disease was the underlying cause, 46.1% were diagnostically associated with alcohol (i.e., alcoholic fatty liver, acute alcoholic hepatitis, alcoholic cirrhosis of the liver, and alcoholic liver damage—unspecified); 2.9%, with chronic hepatitis; 1.5%, with biliary cirrhosis; and 49.5%, with unspecified conditions and no mention of alcohol (i.e., cirrhosis of the liver without mention of alcohol, other chronic nonalcoholic liver disease, and unspecified chronic liver disease without mention of alcohol).

FIGURE 1. Hospitalization and death rates* of chronic liver disease — United States, 1980–1989



^{*}Per 100,000 persons, age-adjusted to the 1980 U.S. standard population.

Based on the underlying cause of death. Intercensal population estimates were used to calculate age-adjusted rates standardized to the 1980 U.S. population. Estimates are presented by race to address the national health objectives for the year 2000 to

^{*}Estimates are presented by race to address the national health objectives for the year 2000 to reduce cirrhosis deaths in special populations. Estimates are not presented for races other than black and white because numbers were too small for analysis.

Chronic Liver Disease — Continued

Age-specific death rates increased with age for men in the 35–44-year through 65–74-year age groups (from 15.2 to 49.0 per 100,000 men) and for women in the 35–44-year through 75–84-year age groups (from 4.8 to 26.7 per 100,000 women) (Table 1). State-specific age-adjusted death rates of chronic liver disease in 1989 varied more than fivefold, from 6.1 per 100,000 population (for Idaho) to 31.5 per 100,000 (for the District of Columbia). The median rate was 9.6 per 100,000.

Chronic liver disease was also an important, although diminishing, cause of hospitalizations during 1980–1989. The age-adjusted hospitalization rate of chronic liver disease decreased 44% during this period (from 50.6 to 28.2 per 100,000) (Figure 1). Rates for women were generally one third lower than for men, and for both, declined steadily throughout the decade. For most years, rates for whites were 20%–30% lower than rates for blacks.

Chronic liver disease appeared as the first-listed diagnosis in an estimated 72,232 hospitalizations in 1989 (Table 2). Among these hospitalizations, 49.3% were diagnostically associated with alcohol, 10.5% with chronic hepatitis, 1.8% with biliary cirrhosis, and 38.3% with unspecified conditions and no mention of alcohol. Chronic liver disease was also listed as a diagnosis (other than first-listed) in an additional 218,156 hospitalizations.

Age-adjusted hospitalization rates of chronic liver disease in 1989 were 38% higher for men than for women (33.1 versus 23.9 per 100,000) and 27% higher for blacks than for whites (30.1 versus 23.7 per 100,000). Rates were successively higher in each age group from 35–44 years through 55–64 years for both men and women (from 40.9 to 96.5 per 100,000 and from 30.1 to 88.9 per 100,000, respectively) and decreased sharply after this age.

Reported by: Chronic Disease Surveillance Br, Office of Surveillance and Analysis, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: Most specific types of chronic liver disease in the United States are preventable (2). The findings in this report indicate a steady decline in rates of hospitalization and death from chronic liver disease during the 1980s. The variation in state-specific age-adjusted death rates suggests underlying regional differences in the occurrence of chronic liver disease and related risk factors. These findings may be

TABLE 1. Age- and sex-specific death rates* of chronic liver disease† — United States, 1989

	Me	en	Wor	men	To	tal
Age group (yrs)	No.	Rate	No.	Rate	No.	Rate
35-44	2,720	15.2	888	4.8	3,608	9.9
45-54	3,389	28.1	1,345	10.6	4,734	19.1
55-64	4,521	44.6	2,238	19.8	6,759	31.5
65-74	3,941	49.0	2,562	25.5	6,503	36.0
75-84	1,732	47.2	1,611	26.7	3,343	34.5
≥85	302	35.7	402	18.4	704	23.3
All ages	17,325	14.4	9,395	7.4	26,720	10.8
Crude rate	14	.4	7	.4	10	0.8
Adjusted rate ⁵	14	.7	6	.6	10	.4

^{*}Per 100,000 persons.

International Classification of Diseases, Ninth Revision, code 571.

Age-adjusted to the 1980 U.S. standard population.

Chronic Liver Disease — Continued

used to target prevention and treatment programs and in the design of further epidemiologic research.

The findings in this report are subject to at least two limitations. First, because NHDS data do not distinguish initial from recurrent hospitalizations for a given person, these results represent the number of hospitalizations rather than the number of persons hospitalized for chronic liver disease. Thus, the declines might reflect a decline in the number of persons with chronic liver disease or in fewer hospitalizations among those with chronic liver disease, or some combination of both. Second, for both hospitalization and death certificate data, alcohol-related diagnoses may be underreported.

Despite these potential limitations, the declining hospitalization and death rates reported here may indicate a true decrease in the underlying occurrence of chronic liver disease as a result of decreases in the prevalences of major risk factors (e.g., heavy alcohol use). In the United States, heavy alcohol use is considered the most important risk factor for chronic liver disease; even among deaths coded as chronic liver disease with unspecified conditions and no mention of alcohol, approximately 50% are thought to be due to alcohol use (3). Thus, decreasing hospitalization and death rates may reflect, in part, the decline in per capita alcohol consumption from 1977 through 1989 (4). These findings also are consistent with data from CDC's Behavioral Risk Factor Surveillance System that have shown a greater proportion of heavy drinkers among men than women and that alcohol consumption is inversely related to age (5). Strategies for reducing per capita consumption of alcohol include price controls (e.g., increased taxes on alcohol), control of the physical availability of alcohol, changes in legal accessibility, information and education programs, health warning labels, targeted health-promotion programs, and related activities (6).

Hepatitis B and C viruses are also important risk factors for chronic liver disease (7), and their relative contribution to chronic liver disease, alone and in combination with alcohol, requires further study. A comprehensive vaccination strategy for eliminating hepatitis B virus transmission and its sequelae in the United States has been recommended (8). Other potential risk factors include certain drugs, industrial chemicals, and less common infectious agents.

TABLE 2. Age- and sex-specific hospitalization rates* of chronic liver disease† — United States, 1989

	Me	en	Wor	nen	To	tal
Age group (yrs)	No.	Rate	No.	Rate	No.	Rate
35-44	7,325	40.9	5,523	30.1	12,848	35.4
45-54	8,877	73.7	6,947	54.6	15,824	63.9
55-64	9,789	96.5	10,065	88.9	19,854	92.5
65-74	6,146	76.4	6,653	66.3	12,799	70.8
75-84	3,061	83.4	1,618	26.8	4,679	48.2
≥85	586	69.4	881	40.4	1,467	48.5
All ages	39,717	33.0	32,515	25.7	72,232	29.3
Crude rate	33	.0	25	5.7	29	.3
Adjusted rate [§]	33	.1	23	1.9	28	1.2

^{*}Per 100,000 persons.

International Classification of Diseases, Ninth Revision, code 571.

Age-adjusted to the 1980 U.S. standard population.

Chronic Liver Disease - Continued

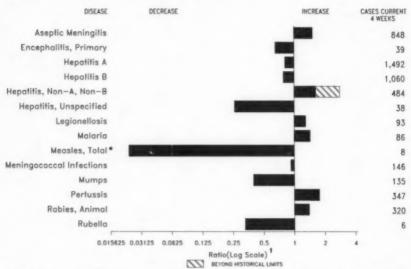
An estimated 90% of deaths attributed to cirrhosis is preventable (2). The national health objectives for the year 2000 include reducing cirrhosis deaths to no more than six per 100,000[¶] (9). The findings in this report underscore that efforts to decrease mortality associated with chronic liver disease will have to be intensified if this objective is to be met.

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Age-adjusted to the 1940 U.S. standard population.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending December 26, 1992, with historical data - United States



*The large apparent decrease in reported cases of measles (total) reflects dramatic fluctuations in the historical baseline.

[†] Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending December 26, 1992 (52nd Week)

	Cum. 1992		Cum. 1992
AIDS*	42,978	Messles: imported	130
Anthrax	1	indigenous	2,071
Botulism: Foodborne	19	Plague	13
Infant	59	Poliomyelitis, Paralytic [†]	
Other	19 59 4	Psittacosis	86
Brucellosis	87 102	Rabies, human	1
Cholera	102	Syphilis, primary & secondary	34,179
Congenital rubella syndrome	9	Syphilis, congenital, age < 1 year [§]	1,639
Diphtheria	4	Tetanus	40
Encephalitis, post-infectious	109	Toxic shock syndrome	224
Gonorrhea	491,447	Trichinosis	40
Haemophilus Influenzae (invasive disease)	1,242	Tuberculosis	22,971
Hansen Disease	148	Tularemia	155
Leptospirosis	51	Typhoid fever	378
Lyme Disease	7.863	Typhus fever, tickborne (RMSF)	492

*Updated monthly; last update December 5, 1992.

Four cases of suspected policyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed, and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.

Reports through second quarter 1992.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending December 26, 1992, and December 28, 1991 (52nd Week)

		Aseptic	Encep	halitis			Hes	oatitis (V	iral), by t	type		
Reporting Area	AIDS*	Menin- gitis	Primary	Post-in- fectious	Gone	rrhea	A	В	NA,NB	Unspeci- fied	Legionel- losis	Lyme Disease
	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1982	Cum. 1992	Cum. 1992
UNITED STATES	42,978	11,529	669	109	491,447	607,472	21,009	14,751	5,643	712	1,267	7,863
NEW ENGLAND	1,607	444	28		10,168	13,950	588	523	107	25	52	1,604
Maine	44	42	3		88	158	29	27	6		2 8	5 41
N.H. Vt.	45 26	43 26	3		124 26	183 54	31	45 13	27 16	2	2	8
Mass.	796	170	13		3,608	6,002	290	407	52	23	27	229
R.I.	93	163	3		636	1,196	153	18	6	*	13	276
Conn.	603	*		-	5,686	6,357	71	13	*		*	1,045
MID. ATLANTIC	11,036	928	25	8	54,502	77,287	1,536	1,889	323	23	315	4,700
Upstate N.Y. N.Y. City	1,467	466 160	6	2	10,858 18,819	14,302 27,519	340 682	499 362	187	13	102	2,894
N.J.	1,976	100			7,441	11,222	263	480	97		44	681
Pa.	1,200	302	19	8	17,384	24,244	251	548	34	10	161	1,101
E.N. CENTRAL	3,853	1,931	167	29	91,205	116,404	2,771	1,739	781	28	343	138
Ohio	686	499	54	2	27,298	36,303	445	228	93	4	159	63
Ind.	380 1,866	231 556	14 71	12	8,973 31,207	11,376 34,566	758 645	206 316	102	2 8	37 31	21 27
Mich.	683	582	25	9	19,893	27,015	147	575	483	14	73	27
Wis.	238	63	3		3,834	7,144	776	414	78		43	
W.N. CENTRAL	1,196	631	43	6	37,799	29,355	2,926	678	232	36	79	354
Minn.	213	105	20	:	2,953	3,120	763	81	20	3	6	176
lowa	78 654	105 258	8	3	1,560 28,338	1,974 17,551	53 1,375	33 454	168	5 26	18	32 112
Mo. N. Dak.	5	208	3		20,330	89	127	3	4	1	2	1
S. Dak.	8	10	3	1	165	348	214	5			1	1
Nebr.	55	38	4	2	8	1,817	259	42	18	1	18	15 17
Kens.	183	113	5		4,716	4,456	135	60	15		-	
S. ATLANTIC	9,729	1,795	169	52	140,613	177,091	1,370	2,518	933	122	202 24	651 213
Del. Md.	1.207	53 215	7	-	1,763	19,657	249	377	33	10	37	176
D.C.	685	28	1		6,553	9,059	17	84	278		20	3
Va.	623	303	39	13	15,763	18,172	153	187	43	47	21	113
W. Va.	49 634	39 209	75 26		817 24,604	1,265 33,701	10 110	50 416		28	40	13 73
N.C. S.C.	260	26	20		10,421	14,055	22	53		1	16	2
Ga.	1,207	218	2		36,727	42,904	218				16	24
Fla.	4,942	704	3	39	27,503	35,317	535			34	28	34
E.S. CENTRAL	1,309	555	34		48,729	60,499	343			2	60	69
Ky.	202 419	205 138	21		4,715 15,404	5,918 20,799	128				26 28	26 33
Tenn. Ala.	454	136	5	-	16,914	19,776	51			1	6	10
Miss.	234	76	1		11,696	14,006	40			1		
W.S. CENTRAL	4,053	1,190	69	5	53,429	66,902	2,073	1,864	181	170	26	122
Ark.	269	20	9		7,523	7,992	135	97	8	6	1	18
La.	672	77	10	1 2	14,349 5,547	15,258	217			3 5	6 12	6 26
Okla. Tex.	219 2,893	1,093	47	2	26,010					156	7	72
MOUNTAIN	1,236	392	30	5	12,026	12,783	3.053	764	291	70	102	16
Mont.	20	12	1	1	110	100	87	37	28	1	9	
Idaho	34	25			114	161				3	5	2 5
Wyo.	382	124	11	1	4,290					32	20	9
Colo. N. Mex.	110		4	1	923				52	8	3	2
Ariz.	348	103	6	1	4,174	4,622	1,077			15	33	2
Utah	118		3	1	343 2,013					10	23	6
Nev.	219									236	88	209
PACIFIC Wash.	8,959 506		104	4	42,976			3,45	1,484	235	13	13
Oreg.	274		-		1,653				1 79	9	1	
Calif.	8,023	3,547	95	3	36,298	44,806	4,771	2,77		208	69	194
Alaska	14		7		686 489					2 9	5	2
Hawaii	142		-	1		-					9	1
Guam	1 5 40	6	3	-	239				0 164	6 17	1	1
P.R. V.I.	1,546		3		107			6	7		1	
Amer. Samoa					50	73	3		1 -			
C.N.M.I.					77	7 100) :	3			*	

N: Not notifiable

U: Unavailable

C.N.M.i.: Commonwealth of Northern Mariana Islands

^{*}Updated monthly; last update December 5, 1992.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 26, 1992, and December 28, 1991 (52nd Week)

			Measle	s (Rub	eola)		Menin-								
Reporting Area	Malaria	indig	enous	imp	orted*	Total	gococcal Infections	Mu	mps	,	ertussi			Rubelli	
	Cum. 1982	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	1992	Cum. 1992	Cum. 1991
UNITED STATES	1,004	2	2,071		130	9,804	2,121	35	2,433	92	3,198	2.791	1	147	1,398
NEW ENGLAND	46		54		13	90	119		20	20	327	316		6	4
Maine N.H.	1 3		16	-	4	7	12	*	*		11	54		1	
Vt.	1		10	-		5	7 9		6	8	133	22	*		1
Mass. R.I.	24		16		5	43	51		3	10	113	207			2
Conn.	12		20		4	31	38		2 8	i	45	28	*	4	1
MID. ATLANTIC	278	1	209		21	5,002	258	12	195	18	309	308		9	591
Upstate N.Y.	44	1	104	*	10	401	109	1	84	2	122	177		3	539
N.Y. City N.J.	151 52	- :	42 58		8	2,100 1,035	25 51	-	10	*	20	40			7
Pa.	31		5		1	1,466	73	11	84	16	119	20 71		3	43
E.N. CENTRAL	66		41		14	97	355	3	331	8	566	416		11	321
Ohio Ind.	15 12	*	20		6	11	83	-	117	6	128	106		-	283
III.	20	-	10		4	6 28	64 94	-	104	1	62 45	76 74		9	3
Mich. Wis.	15		11		2	43	87	3	84	1	16	37		2	25
W.N. CENTRAL	44		8		2	9	27	-	15		315	123			1
Minn.	17		7		8	59 27	104	2	92 24	10 7	323 115	235 96	•	8	19
lowa	5	-		*	3	17	18	-	13		11	26		3	6
Mo. N. Dek.	12	*				1	37	1	43	3	117	83		1	5
S. Dak.	2	-		-			1		3	:	14	5		-	1
Nebr. Kans.	6			*		.1	10	-	6		17	9			
S. ATLANTIC			1			13	17	1	3		32	12		4	1
Del.	223		123		15	740	380	2	812	1	195	267	*	22	13
Md.	63		10		7	178	36		84		39	61		6	1
D.C. Va.	15	-	11		5	30	3 58		7 58	1	1	2		1	1
W. Va.	2	-	-				18		27		17	24		1	-
N.C. S.C.	23	*	23	-	1	44	84	-	217		44	41			2
Ga.	17		2		1	13 15	22 61		51 75		10	15 56		7	-
Fla.	49		46	-		439	96	2	285		51	59		7	9
E.S. CENTRAL	19		450		18	72	135		60		33	95		1	100
Ky. Tenn,	11	-	449	1	2	05 4	39	-	15		10	38	*	i	100
Ala.	6					3	40		14		19	51			100
Miss.	1	*	1	*	16		12	*	31		3	6			-
W.S. CENTRAL Ark.	33	1	1,059		5	296	169	6	417	3	174	226			20
Lo.	1	-					31	1	25		19 15	15 19			1
Okla. Tex.	5 24		1,047	*	5	291	20 99	-	21	3	52	49		-	2
MOUNTAIN	34		25		9	1,266	101	5	362		88	143		-	16
Mont.	*		20			1,200	15		154	3	421	359		9	38
Idahe Wyo.	1	*	1		-	452	10	-	4	*	43	29		1	
Colo.	10		21		8	13	27	1	32	1	94	3 151		2	3
N. Mex.	5		1		1	98	10	N	N	i	104	47		4	4
Ariz. Utah	10	-	2	*		457 224	20	*	78 24	1	127	77		2	2
Nev.	3	-				19	12		13		42	44		2	11
PACIFIC	261	1	102		27	2,182	500	9	352	29	850	589	1	81	292
Wash. Oreg.	17	*	3	*	11	67	79	1	18	4	226	149		8	8
Calif.	215		56		3	1,986	71 333	N 7	304	25	45 511	68 264	i	48	5 267
Alaska	1	:	8		1	5	10		3	-	15	15			1
Hawaii	11	1	35	-	11	32	7	1	27	*	53	73	*	23	11
Guam P.R.	2	*	10 481	-	*	94	1	4	12		**			3	-
V.I.	-		401			2	3	1	23		11	61			1
Amer. Semos	*				-	24					6			-	
C.N.M.I.	*	*	1	*	1					*	2			*	*

^{*}For messles only, imported cases include both out-of-state and international importations.

N: Not notifiable

U: Unavailable

[†] International

⁹ Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 26, 1992, and December 28, 1991 (52nd Week)

Reporting Area	Syp (Primary &	hilis Secondary)	Taxic- Shock Syndrome	Tubero	culosis	Tule- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	34,179	41,386	224	22,971	24,244	155	378	492	7,788
NEW ENGLAND	689	1,085	16	535	784	1	30		906
Maine N.H.	5 74	12	8	21 18	49	0	i	i	9
Vt.	1	2	1	6	12		*		23
Mass.	327	498	5	305	452	1	20	3	53
R.I. Conn.	38 244	57 513	2	46 139	102 158		9	2 2	821
MID. ATLANTIC	4,618	7,070	25	5,221	5,772	1	100	49	2,465
Upstate N.Y.	330	667	10	606	452		18	17	1,385
N.Y. City N.J.	2,511 555	3,530 1,162		3,067 907	3,685 900	i	42 25	14	18 707
Pa.	1,222	1,711	15	641	735		15	12	355
E.N. CENTRAL	5,080	5,006	53	2,294	2,350	1	42	29	155
Ohio	862	662	17	330	380	*	10	17	14
ind.	270 2,370	191 2,373	5	210 1,180	263 1,181	1	26	4 2	19
Mich.	905	1,136	21	478	418		4	3	15
Wis.	683	644	-	96	108		1	3	68
W.N. CENTRAL Minn.	2,636 91	912 71	40 7	537 141	557 106	54	7 2	36	1,022
lowa	58	68	7	47	69		1	3	174
Mo.	2,286	589	10	233	254	38	3	25	34
N. Dak. S. Dak.	1	1	4	7 28	10 35	11		i	145 124
Nebr.	1	17	4	26	21	2	1	2	13
Kans.	201	165	8	55	62	3	*	5	366
S. ATLANTIC	8,800	11,997	24	4,261	4,551	5	37	173	1,792
Del. Md.	201 601	185 972	2	53 418	36 462	1	7	14 17	209 537
D.C.	405	703		122	182		1	1	17
Va. W. Va.	718 19	871 33	3 2	347 92	337 65	2	5	24	362 51
N.C.	2,384	2,008	3	588	624	1		64	45
S.C.	1,165	1,527	1	377	418		2	8	161
Ga. Fla.	1,721 1,586	2,942 2,756	5	1,403	909 1,518	1	3 17	37	367 43
E.S. CENTRAL	4,141	4,528	3	1,482	1,660	10	5	64	194
Ky.	179	112		390	348	2	1	7	61
Tenn.	1,183	1,445	3	431 415	614 408	8	i	54	41
Ala. Miss.	1,365 1,414	1,686 1,285		246	290		3	3	91
W.S. CENTRAL	6,180	7,650	5	2,819	2,832	47	17	116	681
Ark.	862	743	1	232	260	32	1	26	44
La. Okla.	2,586 460	2,811 205	3	217 157	330 179	13	1	88	286
Tex.	2,272	3,891	1	2,213	2,063		15	1	343
MOUNTAIN	330	562	23	580	649	29	6	11	242
Mont.	7	6	1	13	19	13	i	3	24
Idaho Wyo.	1 8	10	2	24	15	1		1 4	7 83
Colo.	60	88	9	52	93	5	2		26
N. Mex. Ariz.	162	32 344	1	80 251	80 310	5	1	1	70
Utah	7	9	5	68	59	2		i	6
Nev.	41	69		72	68	3	1	1	17
PACIFIC	1,703	2,576	35	5,262	5,089	7	134	6	331
Wash. Oreg.	74 54	189 86	3 2	301 130	310 137	2	9 2	3	2
Calif.	1,560	2,289	30	4,511	4,373	2	116	3	314
Alaska Hawaii	6 9	8		54 266	67 202	3	7		15
	3	1		80	202		3		
Guam P.R.	347	424		225	211		1		47
V.I.	68	97	-	3	3	-			
Amer. Samoa	6	9	*	56	3 26		1	*	

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending December 26, 1992 (52nd Week)

	A	III Cau	ses, By	Age (Y	(ears)		PBI ¹			M Cau	ses, By	Age (Y	ears)		PM
Reporting Area	All Ages	2:65	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Total
NEW ENGLAND	488	342	83	42	8	11	40	S. ATLANTIC	1,030	670	190	113	24	33	50
Soston, Mass.	138	94	26	10	3	5	13	Atlanta, Ga.	U	U	U	U	U	U	-
Bridgeport, Conn.	47	31	8	7	-	1	3	Baltimore, Md.	164	111	26	19	3	5	1
ambridge, Mass.	23	18 19	3	5	-	-	2	Charlotte, N.C. Jacksonville, Fla.	100	31 67	17	10	2	3	
lartford, Conn.	Ü	Ü		ů	Ü	U	ű	Miami, Fla.	123	73	28	15	2 4	3 2	
owell, Mass.	29	20	4	4	1		4	Norfolk, Va.	37	24	6	5	-	2	
ynn, Mass.	12	8	3	1	-		1	Richmond, Va.	51	30	15	3	3	-	
lew Bedford, Mass		29		2			3	Savannah, Ga.	38	25	5	4	1	3	
New Haven, Conn.	41	23	7	6	2	3	4	St. Petersburg, Fla.	61	55	1	1	1	3	
Providence, R.I.	U	3		U	U	U	U	Temps, Fla.	178 194	126 108	31 40	17 34	5	3	1
Springfield, Mass.	46	36		1			2	Washington, D.C. Wilmington, Del.	28	20	3	2	2	1	
Naterbury, Conn.	30	19		1	1	-	3				_		-		
Vorcester, Mass.	60	42		3	1	2	5	E.S. CENTRAL	627	429	128	32	21	17	3
MID. ATLANTIC	2.356	1.537	486	289	50	34	109	Birmingham, Ala.	91	64	18	-	6	3	
Albany, N.Y.	64	39		3	50	3	3	Chattanooga, Tenn. Knoxville, Tenn.	35 90	26 64	18	3	3	2	1
Allentown, Pa.	28	21	3	3	1		2	Lexington, Ky.	49	34	10	2	2	1	,
Buffalo, N.Y.	100	77		7	5	1	3	Memphis, Tenn.	180	124	35	9	7	5	1
Camden, N.J.	28	14		6	1	1	2	Mobile, Ala.	75	47	16	6	1	5	
Elizabeth, N.J.	14	5		1	-		3	Montgomery, Ala.	31	23	6	2	-		
Erie, Pa.§	38	34		1			2	Nashville, Tenn.	76	47	19	7	2	1	
Jersey City, N.J. New York City, N.Y.	1,299	20 808		184	28	15	47	W.S. CENTRAL	793	503	164	70	36	19	3
Newark, N.J.	41	18		10	20	10	9	Austin, Tex.	48	27	13	6	2	-	~
Paterson, N.J.	Ü	Ü		Ü	U	Ú	ű	Baton Rouge, La.	49	37	4	6	2		
Philadelphia, Pa.	298	176		34	10	6	12	Corpus Christi, Tex.	33	20	8	2	2	1	
Pittsburgh, Pa.5	59	45	9	4	-	1	8	Dalles, Tex.	184	106	44	18	12	4	
Reading, Pa.	24	18		3	1	*	2	El Paso, Tex. Ft. Worth, Tex.	88 79	60 54	18 15	7	1	2	
Rochester, N.Y.	120	91		6	2	1	3	Houston, Tex.	,a	U	U	ů	Ü	Ü	1
Schenectady, N.Y. Scranton, Pa.§	38 26	32				1	2	Little Rock, Ark.	50	32	9	4	1	4	
Syracuse, N.Y.	106	81		2	1	1	5	New Orleans, La.	62	32	14	10	4	2	
Trenton, N.J.	25	14		4		2		San Antonio, Tex.	141	93	30	7	6	4	
Utica, N.Y.	22	21						Shreveport, La.	U	U	U	U	U	U	-
Yonkers, N.Y.	U	U	U	U	U	U	U	Tulsa, Okla.	59	42	9	2	5	1	
E.N. CENTRAL	1,716	1,055		195	99	43		MOUNTAIN	778	544	129	87	21	17	5
Akron, Ohio	75	49		7	3	2		Albuquerque, N.M.	68 59	43 38	10	12	3	5	
Canton, Ohio	34	30		***	1		4	Colo. Springs, Colo. Denver, Colo.	122	78	20	19	4	1	1
Chicago, III. Cincinnati, Ohio	511	223	92	112	68	18	20	Las Vegas, Nev.	84	60	19	5	7		
Cleveland, Ohio	117	72		12	2	3	3 5	Ogden, Utah	35	29	4	2			
Columbus, Ohio	120	77		12	3	4	3	Phoenix, Ariz.	147	99	31	5	6	6	1
Dayton, Ohio	113	73		4	5	3	7	Pueblo, Colo.	22	15	5	1	1		
Detroit, Mich.	U	U		U	U	Ŭ	U	Salt Lake City, Utah		60	14	5	2	3	
Evansville, Ind.	29	23		2	1	-	1	Tucson, Ariz.	157	122	21	9	3	2	1
Fort Wayne, Ind.	38	27		3	1	*	4	PACIFIC	1,517	994	280	158	49	32	
Gary, Ind. Grand Rapids, Micl		42		6 7	1	2	1	Berkeley, Calif.	19	14	2	2	*	1	
Indianapolis, Ind.	181	127		14	3	3	13	Fresno, Calif.	78	51	14	10	1	2	
Madison, Wis.	28	18			3		2	Glendale, Calif. Honolulu, Hawaii	8 65	5 46	8	2 7	2	2	
Milwaukee, Wis.	86	65		2		2	5	Long Beach, Calif.	68	43	10	9	3	3	1
Peoria, III.	40	31		4	1		6	Los Angeles, Calif.	297	167	69	40	15	2	4
Rockford, III.	39	28		1	1	1	4	Pasadena, Calif.	20	14	2	4			
South Bend, Ind. Toledo, Ohio	36 106	28 77		5	5	1	10	Portland, Oreg.	161	118	24	8	8	3	
Youngstown, Ohio	U	Ű		ů	ů	ú		Sacramento, Calif.	146	93	29	16	3	5	1
								San Diego, Calif. San Francisco, Calif	81	55 73	14 20	24	3	1	
W.N. CENTRAL Des Moines, Iowa	662 73	469 59		43	20	16		San Jose, Calif.	153	109	26	10	2	6	1
Duluth, Minn,	19	17		1	-	1	6 2	Santa Cruz, Calif.	30	26		2	1		,
Kansas City, Kans.	14	8		3			1	Seattle, Wash.	132	82	28	12	6	4	
Kansas City, Mo.	106	75		8	6	2		Spokane, Wash.	62	47	9	3	1	2	
Lincoln, Nebr.	27	20	5	1		1		Tacoma, Wash.	78	51	23	1	2	1	
Minneapolis, Minn.	115	78	24	7	3	3	11	TOTAL	9 985	6,543	1.878	989	328	222	53
Omaha, Nebr.	89	54		5	2	2	6	- OTAL	0,000	3,543	.,010	300	320	and	100
St. Louis, Mo.	124	85		8	6	5	:								
St. Paul, Minn. Wichita, Kans.	56 39	42		4	2	1									

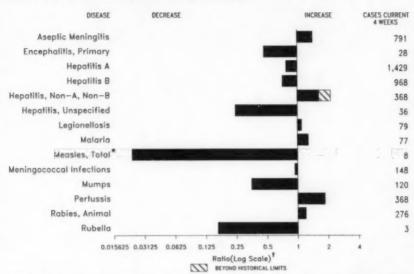
^{*}Mortslity data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

1 Prosumonia and influenza.

2 Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 8 weeks.

U: Unavailable.

FIGURE I. Notifiable disease reports, comparison of 4-week totals ending January 2, 1993, with historical data - United States



*The large apparent decrease in reported cases of measles (total) reflects dramatic fluctuations in the historical baseline.

[†] Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending January 2, 1993 (53rd Week)

	Cum. 1992		Cum. 1992
AIDS*	46,648	Measles: imported	131
Anthrax	1	indigenous	2,009
Botulism: Foodborne	19	Plaque	13
Infant	61	Poliomyelitis, Paralytic [†]	
Other	5	Paittacosis	88
Brucellosis	19 61 5 88 102	Rabies, human	1
Cholera	102	Syphilis, primary & secondary	34,547
Congenital rubella syndrome	9	Syphilis, congenital, age < 1 year [§]	2,634
Diphtheria	4	Tetanus	42
Encephalitis, post-infectious	111	Toxic shock syndrome	231
Gonorrhea	497,980	Trichinosis	40
Haemophilus Influenzae (invasive disease)	1,277	Tuberculosis	24,073
Hansen Disease	151	Tularemia	157
Leptospirosis	51	Typhoid faver	382
Lyme Disease	7,941	Typhus fever, tickborne (RMSF)	493

*Updated monthly; last update January 2, 1993.

*Updated monthly; last update January 2, 1993.

Four cases of suspected poliomyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed, and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.

*Reports through third quarter 1992.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending January 2, 1993, and December 28, 1991 (53rd Week)

		Aseptic	Encept	alitis			He	patitis (\	/iral), by	type		
Reporting Area	AIDS*	Menin- gitis	Primary	Post-in- fectious	Gono	rrhea	A	В	NA,NB	Unspeci- fied	Legional- losis	Lyme Disease
	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	46,648	11,739	680	111	497,980	607,472	21,437	14,957	5,729	722	1,289	7,941
NEW ENGLAND	1,756	444	28		10,241	13,950	591	542	123	25	51	1,615
Maine	44	42	3		88	158	29	27	6		2	5
N.H. Vt.	53 26	43 26	3	*	129	183	31	53	42	2	8	46
Mass.	880	170	13		3,608	6,002	14 292	13	16	-	2	8
R.I.	106	163	3		636	1,196	153	418	53	23	26 13	229 276
Conn.	647	*			5,754	6,357	72	13			13	1,051
MID. ATLANTIC	11,988	944	26	8	55,267	77,287	1,563	1,917	324	23	318	4,755
Upstate N.Y. N.Y. City	1,600	472		0	11,164	14,302	350	506	188	13	104	2,930
N.J.	6,884	162	6	2	18,819 7,521	27,519 11,222	696	371	5	*	8	25
Pa.	1,366	310	20	6	17,763	24,244	263 254	480 560	97 34	10	44 162	1,119
E.N. CENTRAL	4,214	1,978	171	29	93,431	116,404						
Ohio	770	518	56	2	27,761	36,303	2,808	1,763	797 99	28	352 162	132
Ind.	404	231	14	12	9,124	11,376	766	209	25	2	43	57 21
III. Mich.	2,072	579	73	6	31,207	34,566	667	323	106	8	31	27
Wis.	729 239	586 64	25 3	9	21,470	27,015	150	581	488	14	73	27
					3,969	7,144	776	415	79	*	43	
W.N. CENTRAL Minn.	1,323	641 105	45	6	38,226	29,355	3,035	696	233	36	80	357
lowa	112	105	21	3	3,006 1,560	3,120 1,974	763 53	81 33	20	3	6	177
Mo.	711	265	8		28,708	17,551	1,476	470	169	5 26	18	33 112
N. Dak.	5	2	3		59	69	129	3	4	1	2	1
S. Dak. Nebr.	62	10	3	1	169	348	215	5		-	1	1
Kans.	192	114	5	2	4,716	1,817	261 138	42	18	1	18	15
S. ATLANTIC	10,714	1,819						62	15	*	5	18
Del.	141	53	169	54	141,673	177,091	1,384	2,536	952	127	206	660
Md.	1,300	218	16		16,662	19,657	254	209 383	204	10	24 39	218 177
D.C.	742	28	1	*	6,669	9.059	17	85	278		22	3
Va. W. Va.	791 56	303	39	13	15,855	18,172	153	186	44	52	21	113
N.C.	641	39 209	75 26	*	820 24,604	1,265	10	50	8	28	-	14
S.C.	394	26	20		10,522	14.055	110	416 53	86	i	40 16	73
Ga.	1,331	221	2		36,927	42,904	224	314	138		16	24
Fla.	5,318	722	3	41	27,827	35,317	538	840	160	34	28	36
E.S. CENTRAL	1,386	589	34		49,309	60,499	356	1,337	1,318	2	61	70
Ky. Tenn.	214 424	213	21	*	4,768	5,918	139	104	6	-	27	27
Ala.	486	143 137	5	*	15,791	20,799 19,776	124 53	1,091	1,293	1	28	33
Mins.	262	76	1		11,836	14,006	40	138	18	1	6	10
W.S. CENTRAL	4,275	1,207	71	5	53,934	66,902	2.111	1,896	181	173	-	
Ark.	295	21	9		7,523	7,992	138	102	8	1/3	26	126 21
La.	718	77	10	1	14,724	15,258	217	199	93	3	6	6
Okla. Tex.	275 2,987	1,109	49	2	5,677	6,862	214	195	48	5	12	26
MOUNTAIN				2	26,010	36,790	1,542	1,400	32	158	7	73
Mont.	1,386	397 12	30	5	12,209	12,783	3,116	772	300	70	104	16
Idaho	36	25			110	100	130	37	28	1	9	
Wyo.	5	6	2		61	93	13	17	61	3	5	5
Colo. N. Mex.	411	124	11	1	4,363	3,938	882	117	93	32	21	
Ariz.	115 391	103	6	1	946 4,235	983	298	221	53	8	3	2
Utah	135	18	3	1	345	4,622 338	1,081 523	169	29 29	15 10	33	-
Nev.	249	50	3		2,034	2,548	102	102	7	1	23	6
PACIFIC	9,626	3,740	106	4	43,890	53,201	6,473	3,498	1,501	238	91	210
Wash.	553		2		3,938	4,727	820	371	168	9	14	14
Oreg.	290 8,621	2015		:	1,686	2,097	512	295	81	9	1	
Aluska	15	3,615	97	3	38,874 694	44,806 878	4,837	2,795	1,035	209	71	194
Hawaii	147	107		1	498	695	135 169	19 18	210	9	5	2
Guam		6			51	33	5	2	210	6	9	
P.R.	1,629	170	3		239	523	46	417	165	17	1	1
V.I.	11	*		0	108	344	6	7	-			
Amer. Samoa C.N.M.L		0			51	73	1	1				
STATE WATER TO BE			0	0	78	100	3		-			

N: Not notifiable

U: Unavailable

C.N.M.I.: Commonwealth of Northern Mariana Islands

^{*}Updated monthly; last update January 2, 1993.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 2, 1993, and December 28, 1991 (53rd Week)

			Measle	s (Rube	ola)		Menin-								
Reporting Area	Malaria	Indig	enous	impo	orted*	Total	gococcal Infections	Mu	mps	,	Pertussi			Rubell	
	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991	1992	Cum. 1992	Cum. 1991
UNITED STATES	1,021	1	2,089		131	9,804	2,158	23	2,460	141	3,359	2,791	1	148	1,398
NEW ENGLAND	47		54	*	13	90	126		20	108	435	316		6	4
Maine	1	*			4	7	12	*			11	54		1	
N.H. Vt.	3	*	16	-	*	-	7		6	53	186	22			1
Mass.	24		16		5	43	10	-	1	8	27	5	*		-
R.I.	5		20	-	9	43	51	*	3	47	160	207		-	2
Conn.	13	*	2		4	31	44		8	-	45	28	*	4	1
MID. ATLANTIC	282		209		22	5,002	280	3	199	11	-	-			
Upstate N.Y.	46		104		10	401	110	3	87	11	332 133	308 177	1	10	591 539
N.Y. City	152		42		8	2,100	25		10		20	40		*	7
N.J. Pa.	52	*	58	-	3	1,035	51		18		60	20		3	2
	32		5	-	1	1,466	74	-	84	*	119	71		3	43
E.N. CENTRAL	69	*	41	*	14	97	361	1	334	2	569	416		11	321
Ohio Ind.	16 14	~	-		6	11	87	-	117		128	106			283
ME.	20		20 10		Ä	6	64	1	12	2	64	76		-	3
Mich.	15		11		2	28 43	96	-	106		46	74	*	9	9
Wis.	4				2	9	87 27	1	84 15		16 315	37 123		2	25
W.N. CENTRAL	46		8		8	59				-			-		1
Minn.	19		7		5	27	108 20		93	3	326	235		8	19
lowa	5				3	17	18		13		115	96 26	-	-	6
Mo.	12					1	41	-	44	2	119	83		3	6
N. Dak.	1			*			1		3		14	4	-		1
S. Dak.	2	-	*	*		-	1				17	5		-	
Nebr. Kans.	6					1	10	*	6		17	9	*		-
		•	1	-		13	17	*	3	1	33	12	*	4	1
S. ATLANTIC Del.	225	-	123		15	740	384	2	814	1	196	267		22	13
Md.	63	-	10	-	7	21	2	-	8	1	8		*	-	
D.C.	15		1		1	178	37	1	85		39	61	*	6	1
Va.	48		11		5	30	58	-	58		17	24	*	1	1
W. Va.	2	-			-		18	-	27		9	9		1	
N.C.	23	-	23	*	1	44	84	-	217		44	41			2
S.C. Ga.	17	-	29	*	-	13	22	-	51	-	10	15		7	-
Fia.	50		2 46		1	15	62	-	75	*	17	56	-		
E.S. CENTRAL		-		-		439	98	1	286	-	51	59		7	9
Ky.	19		450	-	18	72	138	3	63	7	41	95	-	1	100
Tenn.	11	-	449	-	2	65	46	3	3	6	7		-	*	
Ala.	6				-	3	40		15 14	1	11 20	38 51	-	1	100
Miss.	1	*	1	-	16		12		31		3	6		-	
W.S. CENTRAL	35		1,059		5	296	174	9	426		174	226			-
Ark.	3	*				5	21		9		19	15			20
La.	1	*					31		25		15	19		-	1
Okla. Tex.	5	-	12		-		21		21		52	49			2
	28		1,047		5	291	101	9	371	-	88	143	*		16
MOUNTAIN Mont.	34	*	25		9	1,266	101	1	155	1	425	359	*	9	38
Mont. Idaho	1						15		2		9	6			11
Wyo.	,		1	*		452	10	-	4	*	46	29	*	1	*
Colo.	10		21	-	8	13	3 27	1	33	i	95	3	*	-	
N. Mex.	5		1		1	98	10	N	N		104	151 47	-	2	3
Ariz.	10		2			457	20		78	-	127	77		2	2
Utah	5					224	4		24		42	44		2	11
Nev.	3			-	~	19	12	*	13	-	2	2	*	2	7
PACIFIC	264	1	100		27	2,182	506	4	358	8	861	569		81	292
Wash. Oreg.	17			-	11	67	82		18	2	228	149		8	8
Calif.	18 217	1	3 54	-	1	92	72	N	N	2	47	68	*	2	5
Alaska	1		8		3	1,986	334	3	307	3	515	264	-	48	267
Hawaii	11	-	35		11	32	11 7	1	28	1	18 53	15 73		23	1
Guam	2	U	10	11		32	1				53	13		-	11
P.R.	-	36	517	U		94	3	U	12	U	12	81	U	3	
V.I.	-		317			2			23		12	61		-	1
Amer. Samos		U		U		24		u	-	U	6		Ü		
C.N.M.I.		U	1	Ü	1			ü	2	Ŭ	2		ŭ	-	

^{*}For measles only, imported cases include both out-of-state and international importations.

⁹ Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending January 2, 1993, and December 28, 1991 (53rd Week)

Reporting Area	Syp (Primary &	hilis Secondary)	Toxic- Shock Syndrome	Tubero	rulosis	Tule- remia	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
naporting roes	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Curn. 1992	Cum. 1992
UNITED STATES	34,547	41,386	231	24,073	24,244	157	382	493	7,844
NEW ENGLAND	694	1,085	18	624	784	1	30	8	926
Maine N.H.	5 78	3 12	7	21 18	49 11	-	1	í	9
Vt.	1	2	1,	7	12				23
Mass. R.I.	327	498 57	6 2	387 46	452 102	1	20	3 2	57
Conn.	245	513	-	145	158	-	9	2	837
MID. ATLANTIC	4,632	7,070	25	6,022	5,772	1	103	49	2,465
Upstate N.Y. N.Y. City	2,511	3,530	10	629 3,830	452 3,685	-	18 43	17	1,382
N.J.	549	1,162		905	900	1	25	14	710
Pa.	1,235	1,711	15	658	735		17	12	355
E.N. CENTRAL Ohio	5,165 872	5,006 662	54 17	2,371 346	2,350 380	3	42 10	28 16	156
Ind.	283	191	5	220	263		1	4	19
III.	2,370	2,373	10 22	1,214 486	1,181	2	26	2 3	39 15
Mich. Wis.	949 691	1,136	44	105	418 108	1	1	3	69
W.N. CENTRAL	2,650	912	40	552	557	54	7	36	1,034
Minn. Iowa	93 58	71 68	7	149 47	106	*	2	3	168 175
Mo.	2,296	589	10	233	254	38	3	25	34
N. Dak. S. Dak.	1	1	4	32	10 35	11		i	150 126
Nebr.	i	17	4	28	21	2	1	2	13
Kans.	201	165	8	57	62	3		5	368
S. ATLANTIC Del.	8,926	11,997 185	25 3	4,292 53	4,551	5	37	173 14	1,803
Md.	606	972	3	418	462	1	7	17	539
D.C.	431	703	3	122	182	2	1	1 24	17
Va. W. Va.	718 21	871 33	2	347 92	337 65	2	5	5	362 53
N.C.	2,384	2,008	3	588	624	1	-	64	45
S.C. Ga.	1,207 1,742	1,527 2,942	5	390 879	418 909	1	2 3	8 37	161 370
Fla.	1,608	2,756	5	1,403	1,518		17	3	43
E.S. CENTRAL	4,220	4,528	3	1,482	1,660	10	5	64	202
Ky. Tenn.	181	112	3	390 431	348 614	2 8	1	7 54	61 48
Ala.	1,365	1,686		415	408		1	3	92
Miss.	1,450	1,285	-	248	290		3		1
W.S. CENTRAL Ark.	6,222 862	7,650 743	5	2,824 236	2,832 260	47 32	17	118 26	685 46
La.	2,628	2,811		217	330	2	1	1	8
Okla. Tax.	460 2,272	205 3,891	3	158 2,213	179 2,063	13	15	90	288 343
MOUNTAIN	334	562	23	574	649	29	6	11	242
Mont.	7	6	1	13	19	13		3	24
Idaho Wyo.	8	10	2	26	15	1	1	1 4	7 83
Colo.	60	88		52	93	5	2		26
N. Mex. Ariz.	186	32 344	1	89 252	80 310	5	1	1	70
Utah	7	9	5	68	59	2		1	6
Nev.	41	69		74	68	3	1	1	17
FACIFIC Wash.	1,704	2,576 189	38	5,332 304	5,089	7 2	135	6	331
Oreg.	55	86	2	137	137		2	3	2
Calif. Alaska	1,580	2,289	32	4,588	4,373	2 3	117	3	314 15
Hawaii	9	8		269	202	-	7		
Guem	3	1		60	8		3		
P.R. V.I.	347 68	424 97		285	211		1		47
Amer. Samos			-	-	3	-	1		
C.N.M.I.	6	9		59	26		1	*	

TABLE III. Deaths in 121 U.S. cities,* week ending January 2, 1993 (53rd Week)

	A	A Cau	ees, By	Age (Y	ears)		PM'		1	MI Cau	ses, By	Age (Y	ears)		Pa
Reporting Area	All Ages	≥85	45-64	25-44	1-24	<1	Total	Reporting Area	All Ages	≥65	45-64	25-44	1-24	<1	Tot
IEW ENGLAND	643	475	90	57	11	10	46	S. ATLANTIC	1,217	739	259	141	37	40	79
oston, Mass.	185	117	30	31	3	4	12	Atlanta, Ga.	249	130	70	41	5	3	12
ridgeport, Conn.	44	34	9	1			8	Baltimore, Md.	238	133	57	26	12	9	2
ambridge, Mass.	19	14	3	1	-		2	Charlotte, N.C.	106	65	26	10	2	3	(
all River, Mass. lartford, Conn.	38 44	30 32	6	2	1		- 1	Jacksonville, Fla. Miami, Fla.	96 97	49 62	21	12	3	4	1
owell, Mass.	22	21	1	4			2	Norfolk, Va.	72	42	18	9	1	6	
ynn, Mass.	11	9			1	1	1	Richmond, Va.	ű	Ü	Ü	ű	Ü	ů	
lew Bedford, Mass		14	3	2		- 1	- i l	Savannah, Ga.	44	31	8	3	2	0	,
lew Haven, Conn.	47	31	6	7	1	2	ż	St. Petersburg, Fla.	46	37	6	2	-	1	
rovidence, R.I.	60	48	6	4	2	-	6	Tampa, Fla.	131	97	17	10	4	3	1
omerville, Mass.	8	5	2	1		-		Washington, D.C.	131	78	21	19	4	9	
pringfield, Mass.	55	42	8	3	1	1	4	Washington, D.C. Wilmington, Del.	17	15	1		-	1	
Vaterbury, Conn.	36	30	2	2	1	1	1	E.S. CENTRAL		000	109	40	47		
Vorcester, Mass.	55	48	5	1		1	5	Birmingham, Ala.	536 89	350 62	17	46	17	14	2.5
AID. ATLANTIC	2.528	1,861	456	297	57	57	109	Chattanooga, Tenn.		60	6	3	2	4	
Ibany, N.Y.	48	39	5	4	3/	3/	5	Knoxville, Tenn.	52	33	12	4	2	1	
llentown, Pa.	21	15	5	1			1	Lexington, Ky.	50	34	10	3	2	1	
luffalo, N.Y.	100	72	18	6	2	2	4	Memphis, Tenn.	93	49	24	14	6	-	
amden, N.J.	46	23	9	9	1	4		Mobile, Ala.	36	25	5	3	1	2	
lizabeth, N.J.	30	25	3	2			2	Montgomery, Ala.	31	19	8	3	1	-	
rie, Pa.5	30	23	5	2	-		1	Nashville, Tenn.	113	68	27	11	2	5	
ersey City, N.J.	72	49	10	9	2	2	6	W.S. CENTRAL	1.214	749	267	117	45	36	
lew York City, N.Y.	1,407	869	279	200	37	22	49		56	40	11	2	1		
lewark, N.J.	61	29	15	12	3	2	7	Austin, Tex. Baton Rouge, La.	27	16	8		i	2	
aterson, N.J.	U	U	U	U	U	U	U	Corpus Christi, Tex		29	6	7		2	
hiladelphia, Pa.	300	206		30	5	4	13	Dallas, Tex.	182	91	49	21	8	13	
ittsburgh, Pa.5	71	39 18		3	1	15		El Paso, Tex.	49	33	8	4	2	2	
leading, Pa. lochester, N.Y.	130	97		9	4	2	2 7	Ft. Worth, Tex.	106	71	21	5	9	-	
chenectady, N.Y.	38	32		9	-	4	2	Houston, Tex.	330	194	75	36	16	9	1
Scranton, Pa.5	20	18		2			1	Little Rock, Ark.	67	47	16	3	1		
Syracuse, N.Y.	79	66		3	1	3		New Orleans, La.	37	19	9	8		1	
frenton, N.J.	32	24				1	4	San Antonio, Tex.	154		28	12	4	3	
Jtica, N.Y.	19	17					2	Shreveport, La.	76	51	14	7	2	2	
fonkers, N.Y.	U	U		U	U	U	U	Tulsa, Okla.	86	51	22	10	1	2	
N. CENTRAL	2,039	1,265	381	212	130	51	96	MOUNTAIN	702	469	124	63	27	19	
Akron, Ohio	54	44		1	130	1	2	Albuquerque, N.M.	77	57	8	8	4	-	
Canton, Ohio	31	26		1	-		2	Colo. Springs, Colo				U	U	U	
Chicago, III.	590	261		114	83	9	16	Denver, Colo.	82			9	2	6	
Cincinnati, Ohio	115	71		10	3	3	7	Las Vegas, Nev. Ogden, Utah	116			11	5	2	
Cleveland, Ohio	116	80	20	10	3	3		Ogden, Utah	23			1		4	
Columbus, Ohio	148	98		13	4	8	6	Phoenix, Ariz.	151			17	10	1	
Dayton, Ohio	82	51		6	6	2		Pueblo, Colo.	21	17		3	4	3	
Detroit, Mich.	183	109			8	10	4	Salt Lake City, Utal Tucson, Ariz.	143			8	2	3	
vansville, Ind.	32	22	7	2	1		1							-	
ort Wayne, Ind.	59	45			1		7	PACIFIC	1,629			189	48	32	- 1
Gary, Ind.	19 h. 50	11 37			*	1	5	Berkeley, Calif.	12		1	-			
Grand Rapids, Mich ndianapolis, Ind.	106				3	4		Fresno, Calif.	U			U	U	U	
Madison, Wis.	31	21	6		1		1	Glendale, Calif.	19			1	1	*	
Milwaukee, Wis.	129	99	19	5	4	2	11	Honolulu, Hawaii	70			2	2		
Peoria, III.	27	25	2		-		2	Long Beach, Calif.	87			7	1	1	
Rockford, III.	52				6	4	2	Los Angeles, Calif.	397	256	58	52	20	7	
South Bend, Ind.	67					1		Pasadena, Calif.	31	25	1 15	8	5	3	
oledo, Ohio	106	77	18	5	5	1	10	Portland, Oreg. Sacramento, Calif. Sen Diego, Calif.	162			13	4	5	
oungstown, Ohio	42				2				116			13	3	3	
								San Francisco, Cal				29	3	3	
V.N. CENTRAL	706				13	11		San Jose, Calif.	201			18	3	6	
Des Moines, Iowa	43				1	1		Santa Cruz, Calif.	41	32	6	2	1		
Duluth, Minn. Kanses City, Kans.	56				1			Seattle, Wash.	145	99	21	18	3	4	
Kansas City, Kans. Kansas City, Mo.	145							Seattle, Wash. Spokane, Wash. Tacoma, Wash.	47	36	8	1	1	1	
Lincoln, Nebr.	30				1				7€			4	-	1	
Minneapolis, Minn					1		7						00=		
Omaha, Nebr.	68				4		3	TOTAL	11,214	7,376	2,037	1,141	385	270	6
St. Louis, Mo.	107				3										
St. Paul, Minn.	44				2		. 4								
Wichita, Kans.	51							1							

^{*}Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included. Preumonia and influenza.

Pneumonia and influenza.

*Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 8 weeks.

*Total includes unknown ages.

U: Unavailable.

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